

For Office Use Only:
Permit #:
Issued By:
Date:

SIGN UP FORM FOR GUESTS

The Green Dog Program is an optional program that allows participants to take their dog(s) off-leash during designated hours at many parks across the Town of Brookline. See brochure for further information.

Requestor Name:				
Requestor Address:				
Requestor Phone:	Rec	questor E-mail Addre	ess:	
Providing an e-mail is strongly recor	nmended for r	receiving program up	dates. We will not share	e your information.
Dog Owner Name:				
Dog Owner Address:				
Dog Owner Phone:	Do	og Owner E-mail Ad	dress:	
Providing an e-mail is strongly recor	nmended for r	receiving program up	dates. We will not share	e your information.
Dog Name:		Sex (M/F):	Spayed/Neutered:	
Breed:	Color: o participate in	n the off-leash progra	Age: (Years)	(Months)
Dog License #:	rrent rabies va OF CURREN	accination to particip	ate in the off-leash prog BIES VACCINATION	ram.
Two-Day Permit Fee per Dog	\$ 5			
One-Week Permit Fee per Dog	\$10			
Guests will receive a Green Dog	guest permit,	which must be kept	on hand at all times who	en taking dog off-leash.
REQUESTOR OR DOG OWNER'S Signed under the penalties of perjury accurate and complete, that you agre overly-aggressive behavior may be r release, acquit, discharge and covena of action or damages as a result of page 1.	 Signature is e to follow pro emoved from ant to hold har 	s required and indicate ogram rules and regulate the program without mless the Town of B	tes that the information salations, including that a refund, and that you ago	you have provided is ny dog that exhibits ree to forever

Return form, copy of current license & current rabies vaccination, and appropriate payment to:

Green Dog Program c/o Town Clerk's Office 333 Washington Street Brookline, MA 02445

 $Town \ Clerk's \ Office \ is \ open \ Mon. - Wed. \ 8 \ am-5 \ pm, \ Thurs. \ 8 \ am-8 \ pm, \ Fri. \ 8 \ am-12:30 \ pm$

Please contact us with any questions at (617) 879-5650 or visit www.brooklinema.gov/GreenDog